

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 117	
1 CONTRACT/PURCH ORDER/ AGREEMENT NO N61340-12-D-5104			2 DELIVERY ORDER/ CALL NO 0007		3 DATE OF ORDER/CALL (YYYYMMDD) 2015 Sep 28		4 REQ / PURCH REQUEST NO See Schedule		5 PRIORITY		
6 ISSUED BY NAWCTSD 253 12211 SCIENCE DRIVE (25331) ORLANDO FL 32826-3224			CODE N61340		7 ADMINISTERED BY (if other than 6) DCMA ST. PETERSBURG 830 CENTRAL AVENUE SUITE 500 ST. PETERSBURG FL 33701-3630			CODE S1109A		8 DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
9 CONTRACTOR CAE USA INC. NAME [REDACTED] AND 4908 TAMPA W BLVD ADDRESS TAMPA FL 33634-2411			CODE 50237		FACILITY		10 DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE 12 DISCOUNT TERMS Net 30 Days		11 MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
14 SHIP TO NAWCTSD JAMES WORTH 12211 SCIENCE DRIVE 4.6 ORLANDO FL 32826-3224			CODE N61340		15 PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER SOUTH ENTITLEMENT OPERATIONS P.O. BOX 182264 COLUMBUS OH 43218-2264			CODE HQ0338		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.	
16 TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract							
PURCHASE		<input type="checkbox"/>		Reference your quote dated Furnish the following on terms specified herein REF:							
ACCEPTANCE THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME											
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)	
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: 1											
17 ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE	
		SEE SCHEDULE								23. AMOUNT	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA TEL: 407-380-8170 EMAIL: james.arblaster@navy.mil BY: ALAN ARBLASTER (2533)		25. TOTAL 26. DIFFERENCES		\$52,923,682.00	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.	